▬ 16 ▬ Authorize a SAR

Introduction to Authorize SAR

For SARS that do not require state approval, once a SAR has been entered and the "Submit" button has been clicked, it is ready for authorization. The SAR is in "Pending" status. Those granted security access will have the ability to authorize a SAR.

CMS Net Web was designed to accommodate the flexibility for clients who move and the need to record retro-service authorizations. The system allows you to authorize retroactive authorizations for clients who previously resided in your county and now reside in a different county. To authorize a SAR, the client and the user must be in the same county at the time of the service period.

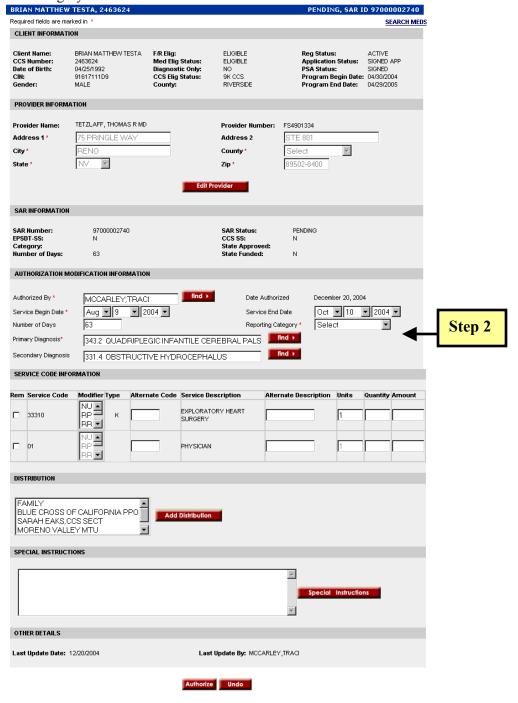SARs cannot be created in CMS Net Web prior to 7/1/2004.

Objectives

At the completion of this section, you will be able to:

- Authorize a SAR

16.1 Search for the SAR

1. Search for the SAR
    - View the SAR. If additional service codes are needed, click the "Modify" tab *before* proceeding to the "Authorize" tab.
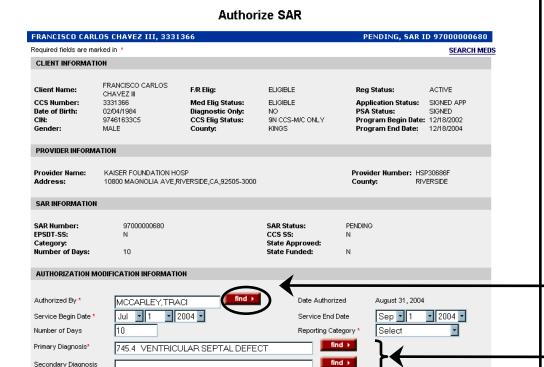2. If no changes in service codes are necessary, selecting a value from "Reporting Category".

BRIAN MATTHEW TESTA, 2463624 | **PENDING, SAR ID 97000002740**

Required fields are marked in *

SEARCH MEDS

CLIENT INFORMATION

Client Name:	BRIAN MATTHEW TESTA	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	2463624	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	04/25/1992	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	91617111D9	CCS Elig Status:	9K CCS	Program Begin Date:	04/30/2004
Gender:	MALE	County:	RIVERSIDE	Program End Date:	04/29/2005

PROVIDER INFORMATION

Provider Name:	TETZLAFF, THOMAS R MD	Provider Number:	FS4901334
Address 1 *	75 PRINGLE WAY	Address 2	STE 801
City *	RENO	County *	Select
State *	NV	Zip *	89502-8400

Edit Provider

SAR INFORMATION

SAR Number:	97000002740	SAR Status:	PENDING
EPSDT-SS:	N	CCS SS:	N
Category:		State Approved:	
Number of Days:	63	State Funded:	N

AUTHORIZATION MODIFICATION INFORMATION

Authorized By *	MCCARLEY,TRACI find ▸	Date Authorized	December 20, 2004
Service Begin Date *	Aug 9 2004	Service End Date	Oct 10 2004
Number of Days	63	Reporting Category *	Select
Primary Diagnosis*	343.2 QUADRIPLEGIC INFANTILE CEREBRAL PALS find ▸		
Secondary Diagnosis	331.4 OBSTRUCTIVE HYDROCEPHALUS find ▸		

Step 2

SERVICE CODE INFORMATION

Rem	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount
☐	33310	NU RP RR	K		EXPLORATORY HEART SURGERY		1		
☐	01	NU RP RR			PHYSICIAN		1		

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS,CCS SECT
MORENO VALLEY MTU

Add Distribution

SPECIAL INSTRUCTIONS

Special Instructions

OTHER DETAILS

Last Update Date:	12/20/2004	Last Update By: MCCARLEY,TRACI

Authorize   Undo

If you need to add additional service codes, select the "Modify" tab.

Additional services codes may only be added to a Pending SAR

16.2 Enter or Update "Authorization Modification Information"

1. Update the name in the "Authorized By" field only if the default name is someone other than yourself. If the name is correct, skip past this field.
2. Click the "find" button.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Authorize SAR

FRANCISCO CARLOS CHAVEZ III, 3331366   PENDING, SAR ID 97000000680

Required fields are marked in *   SEARCH MEDS

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004

PROVIDER INFORMATION

Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County:	RIVERSIDE

SAR INFORMATION

SAR Number:	97000000680	SAR Status:	PENDING
EPSDT-SS:	N	CCS SS:	N
Category:		State Approved:	
Number of Days:	10	State Funded:	N

AUTHORIZATION MODIFICATION INFORMATION

Authorized By *	MCCARLEY,TRACI **find ▸**	Date Authorized	August 31, 2004
Service Begin Date *	Jul ▾ 1 ▾ 2004 ▾	Service End Date	Sep ▾ 1 ▾ 2004 ▾
Number of Days	10	Reporting Category *	Select ▾
Primary Diagnosis*	745.4 VENTRICULAR SEPTAL DEFECT **find ▸**		
Secondary Diagnosis	**find ▸**		

Step 1

> To modify the name *(Last Name, First Name)* in the Authorized By field, if necessary. Partial searches are permitted.

> The primary & secondary diagnosis default from Patient Registration. Note that both diagnosis codes will print on the authorized SAR.
>
> If you wish to change the diagnosis clear the field and type the new code or word and click on the Find button.

3. Select your name in the search results by clicking on your last name.

Search Results - List of WHITAKER,LAVORRA Names

LastName	FirstName	Region	County
WHITAKER	LAVORRA		

4. Your name will now be filled in the "Authorized By" field.
5. Update Service Begin Date, Service End Date, and Number of Days as appropriate.
6. Select Reporting Category.

16.3 Search MEDS

1. Click the "Search MEDS" link.
2. View MEDS eligibility and insurance information (Healthy Families or private insurance coverage) on MEDS.

Authorization | Provider | Formulary | Procedure Code | Administration | Reports

Authorize SAR

FRANCISCO CARLOS CHAVEZ III, 3331366   **PENDING, SAR ID 97000000680**

Required fields are marked in *   SEARCH MEDS

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE	
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP	
Date of Birth:	02/04/1984	Diagnostic Only:	NO	PSA Status:	SIGNED	
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002	
Gender:	MALE	County:	KINGS	Program End Date:	12/18/2004	

PROVIDER INFORMATION

Provider Name:	KAISER FOUNDATION HOSP	Provider Number:	HSP30686F
Address:	10800 MAGNOLIA AVE,RIVERSIDE,CA,92505-3000	County:	RIVERSIDE

SAR INFORMATION

SAR Number:	97000000680	SAR Status:	PENDING
EPSDT-SS:	N	CCS SS:	N
Category:		State Approved:	
Number of Days:	10	State Funded:	N

AUTHORIZATION MODIFICATION INFORMATION

Authorized By *	MCCARLEY,TRACI find ▶	Date Authorized	August 31, 2004
Service Begin Date *	Jul ▼ 1 ▼ 2004 ▼	Service End Date	Sep ▼ 1 ▼ 2004 ▼
Number of Days	10	Reporting Category *	Select ▼
Primary Diagnosis*	745.4 VENTRICULAR SEPTAL DEFECT find ▶		
Secondary Diagnosis	find ▶		

CLIENT INFORMATION

Client Name:	FRANCISCO CARLOS CHAVEZ III	F/R Elig:	ELIGIBLE	Reg Status:	ACTIVE	
CCS Number:	3331366	Med Elig Status:	ELIGIBLE	Application Status:	SIGNED APP	
Date of Birth:	02/04/1984	Diagnostic Only:	No	PSA Status:	SIGNED	
CIN:	97461633C5	CCS Elig Status:	9N CCS-M/C ONLY	Program Begin Date:	12/18/2002	
Gender:	Male	County:	Kings	Program End Date:	12/18/2004	

Search Meds

Date of Service:	5/1/2004	Inquiry Date:	May 11, 2004	Inquiry Time:	1:58 AM

LAST NAME: GALIND. EVC #: 9244G4JKLT.
CNTY CODE: 43. PRMY AID CODE: 60.
MEDI-CAL ELIGIBLE W/ NO SOC. HEALTH
PLAN MEMBER: PHP-SANTA CLARA FAMILY
HEALTH PLAN: MEDICAL CALL
(408)260-4400. OTHER HEALTH INSURANCE
COVERAGE UNDER CODE K - KAISER. CARRIER
NAME: KAISER PERMANENTE HEALTH PLAN.
ID: 7820860. COV: OIMLPDV.

❌

> Click Close or X when you are finished viewing the MOPI data.

Clicking the Search MEDS link retrieves the MOPI Medi-Cal Point of Service information for viewing. You cannot save this information to CMS Net Web here. You must go to CMS Net/ MEDS Inquiry.

The search on this authorization screen is based upon the Service Begin Date and is for you to review and make decisions before authorizing the request.

16.4 Remove Service Code(s), if Necessary

1. Check the "Rem" checkbox for each service code that needs to be removed from the authorization.
2. Verify what was previously entered and modify if necessary.

SERVICE CODE INFORMATION

Rem	Service Code	Modifier	Type	Alternate Code	Service Description	Alternate Description	Units	Quantity	Amount

DISTRIBUTION

Family

SPECIAL INSTRUCTIONS

Special Instructions

OTHER DETAILS

Last Update Date: 05/11/2004   Last Update By: ASHIDA,EMI

Authorize   Undo

For inpatient hospitals, there are no service codes to authorize.

`

16.5 Enter Distribution Information and Special Instructions

1. Select values in the "Distribution" list box for who should receive the authorization. You may select multiple values.
    *   Distribution will show the managed care provider, the Healthy Families provider, private insurance provider, primary care provider (medical home), other addressee, patient address, MTU, and the family that is currently on record.
    *   If no value is selected, you will receive 1 printed copy of the SAR.
2. One additional distribution may be selected by clicking on "Add Distribution". A new window will open and allow for a free text entry of a distribution.
3. To enter special instructions, click the "Special Instructions" button.

DISTRIBUTION

FAMILY
BLUE CROSS OF CALIFORNIA PPO
SARAH EAKS,CCS SECT
MORENO VALLEY MTU

Add Distribution

To deselect the distribution value, hold the "ctrl" key and click the highlighted value. Otherwise, you may click the "Undo"

SPECIAL INSTRUCTIONS

Special Instructions

Standardized Special Instructions can be found by clicking the "Special Instructions" button.

OTHER DETAILS

Last Update Date: 12/20/2004   **Last Update By:** MCCARLEY,TRACI

Free-text can be typed in the Special Instructions text box here.

Authorize   Undo

Authorization | Provider | Formulary | Procedure Code | Administration | Reports
Add New Distribution

Distribution Name *   [   ]
Address 1 *   [   ]
Address 2   [   ]
City *   [   ]
State   Select ▼
Zip *   [   ]

Step 2

How to add one additional distribution for selection

Continue Clear

Distribution List

When "Family" is selected, a cover letter for the Primary Addressee from the Face Sheet will be generated along with a copy of the SAR.

For other selections that may appear in the Distribution list (ex: insurance/ managed care providers), a distribution cover letter and a copy of the SAR will be generated for each selection.

An extra copy of the SAR will be generated (which can be sent to the authorized provider)

4. Check the checkboxes for the standard language you wish to apply in the Special Instructions.

5. Click the "Continue" button.

List of Special Instructions

No.	Select	Special Instruction
1	☐	In order for the CCS program to authorize services timely, please send findings, recommendations, treatment plan and progress reports at least every 6 months.
2	☐	The services to treat the CCS eligible condition are carved out of the Healthy Families plans. Please bill the authorized services directly to the Medi-Cal Fiscal Intermediary.
3	☐	Delta Dental will review all requests for authorization of dental services for CCS clients that require a Treatment Authorization Request (TAR) in accordance with existing Denti-Cal policies, procedures, and requirements.
4	☑	This authorization valid only as long as client is enrolled in Medi-Cal. Family has not signed CCS program papers; therefore, client will not be enrolled in CCS with loss of Medi-Cal coverage.
5	☐	Further authorizations for length of stay are contingent upon receipt of progress notes.
6	☐	Further authorization for length of stay is contingent upon receipt of discharge summary.
7	☐	Eligible for High Risk Infant Follow-Up until 3 years of age.
8	☐	Infant covered under Mother's Medi-Cal only.
9	☐	Current medical nutrition assessment is required every 6 months.
10	☐	Refer to Title 22, California Code of Regulations, Section 51321 for rent to purchase regulations regarding Durable Medical Equipment and the Medi-Cal Provider Manual.
11	☐	Provider must bill other health insurance (OHC) first; submit Explanation of Benefits (EOB) with claim.
12	☐	Client will turn 21 years of age on next birthday and will no longer be eligible for CCS services.
13	☐	DME 'By-Report' items: Model/Number: Manufacturer: Other: Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Manufacturer's purchase invoice and the MSRP (a catalog page); 3. Item description; 4. Manufacturer name; 5. Model number; 6. Catalog number
14	☐	Medical Foods: List each specific food in the Special Instructions Section with the following items: Item Number, Medical Food Product Name, Amount, and Price.
15	☐	Medical Foods - Specific instructions for the provider. Please submit the following with your claim: 1. A copy of the CCS authorization; 2. Item description; 3. Invoice. Reauthorization instructions: If reauthorization is to be requested, please instruct the provider to submit the following one month before authorization expires: 1. A written prescription signed by a CCS paneled physician for low protein foods or other specific medical foods. Including specific quantity and vendor price of each medical food requested; 2. Snack foods are not to exceed 10 percent of the total price; 3. A copy of the current, within the last six months, nutritional assessment and treatment plan by the CCS paneled registered dietitian (RD) that includes the number of phenylalanine exchanges from low protein foods for PKU requests. The Center RD must see the CCS client every six months; 4. Current medical history and center evaluation, within the last six months, that includes diagnosis and medical conditions; 5. Documentation that the medical food is specially formulated and necessary for the specific dietary management of a disease or condition for which specific nutritional requirements exist.
16	☐	Miscellaneous code Z5999 Non- DME. For this 'By-Report' code please submit the following items: 1. A copy of the CCS authorization; 2. Medical report that describes the procedure, and or detailed description and itemization of the services provided; 3. Cost of the service provided.
17	☐	Speech therapy: If reauthorization is requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
18	☐	Aural Rehabilitation: If reauthorization is to be requested, provider must submit a progress report one month before authorization expires that includes the following: 1. Beginning baselines and ending performance for each goal, so that progress can easily be assessed by the reviewer; 2. Any new measurable goals with baseline performance, including means and method of measurement; 3. Attendance expressed as the number of sessions attended/sessions scheduled; 4. Information regarding any early intervention or school services received.
19	☐	Hearing Aid Batteries: Please submit the manufacturer's invoice indicating the cost of each battery.
20	☐	EPSDT-SS: Provider must submit claims for EPSDT Supplemental Services on a separate claim form from any other Medi-Cal benefit item/service. Include pricing attachment, if appropriate.
21	☐	Medical Nutrition Therapy. Please submit the following information with your claim: 1. A copy of the CCS authorization; 2. A detailed description and itemization of the services provided; 3. Cost of the service provided. If reauthorization is to be requested, please instruct the clinician to submit a progress report one month before authorization expires that includes the following: 1. Completed Service Authorization Request form; 2. A copy of the progress notes, including progress made on previous goals; 3. A copy of the current nutritional plan of treatment, including therapeutic goals, and anticipated time for achievement; 4. Parent/legal guardian and/or parent agree(s) to cooperate with the proposed medical nutrition therapy plan.
22	☐	Medical Supplies. As required for medical supply claims, all manufacturer codes and catalog numbers must be documented. Please refer to the Medi-Cal manual for billing instructions.
23	☐	Primary Care Provider. This child/youth is assigned to following CCS Special Care Center (SCC): Name of Center: Address of Center: Phone Number of Center: You are authorized to provide healthcare services related to you patient's CCS medically eligible condition in conjunction with the physicians at the above noted CCS Special Care Center.
24	☐	Newborn Hearing Program. Claims for services provided to children with other third party insurance must be submitted to the insurance carrier or HMO prior to billing the CCS program for the services. A denial of payment from the third-party payer must accompany the claim.
25	☐	When rental reimbursement paid to date for this requested DME item has reached or exceeded the Medi-Cal program allowable purchase price, as per California Code of Regulations, Title 22, Section 51321(c)(C), no further rental reimbursement shall be authorized, and the item is considered purchased. Please provide the client's family with maintenance and care information for the equipment, and warranty information, of any. CCS will authorize and reimburse for necessary service/repairs, supplies and accessories for all purchased DME.

1-25 out of 28 Matching Records

Next Records>>

Back   Continue

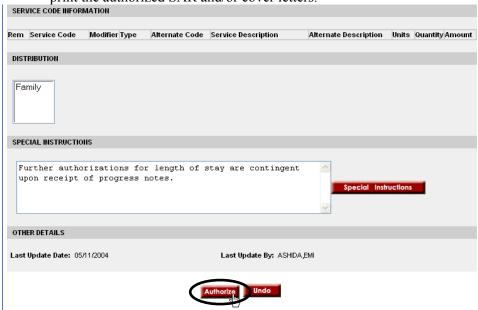There are many choices to select for standardized language for "Special Instructions."

16.6 Note Regarding SARs Requiring State Approval

The authorizations for EPSDT-SS and CCS-SS SARs that require state approval are performed in the same way as described in this chapter.

An example of an EPSDT-SS SAR requiring state approval is included in Appendix B.

16.7 Authorize the SAR

1. To save updates to the SAR, to validate the business rules for the SAR, and to update the status of the SAR, click the "Authorize" button.
2. For the authorized services that pass all validation rules, the status of the SAR will be updated to "authorized."

   - The narrative page will open. From there, the user will have the ability to print the authorized SAR and/or cover letters.

> Please refer to Appendix A – Business Rules "Authorize/Extend SAR" for a list of SAR eligibility and authorization rules.

> **Modifying Authorizations**
> Authorized SAR data is transmitted to the fiscal intermediary for claims processing each night after CMS Net Web shuts down. You can modify the SAR up through the same day the SAR is authorized. However, if the SAR information has already been sent to the fiscal intermediary, you must cancel the SAR and/or enter a new one.

16.8 The Authorization

When the user clicks the "Print Letters" on the Narrative Page after authorizing a Service Request, CMS Net Web will generate an authorization for the provider and for each highlighted selection in the distribution drop-down field.

SAR #: 97000345390

CONFIDENTIAL
CALIFORNIA CHILDREN'S SERVICES (CCS)
SRO-SACRAMENTO REGIONAL OFFICE
P.O. BOX 997413
MS 8100
SACRAMENTO,CA 95899-7413
TELEPHONE: (916)327-3100

Authorized Provider: SIMKIN, JOSEFA F MD
266 GREEN VALLEY RD
FREEDOM CA 95019-3112

Provider Number: 00A438360
Telephone: (831) 761-1141

AUTHORIZATION FOR SERVICES

Authorization is for services and effective dates indicated below, in accordance with CCS program policies and fee schedule. Authorization for additional services not listed below must be requested in advance. By providing these authorized services, you agree to accept payment from the CCS program as payment in full. If you have a Service Code Grouping (SCG) authorization, please check your Medi-Cal manual for services included in the SCG.

CCS CLIENT INFORMATION

Client Name: JASMINE ROJAS
Parent/Guardian: ELMIRA CHACON
Address: 463 WOOSTER AVENUE, #111
SAN JOSE, CA 95116

County: SANTA CLARA

Client Index Number: 92752659D1
Medi-Cal Number: 433N1330226A11
CCS Case Number: 3719345
Date Of Birth: 08/20/2002
Telephone: (408) 292-8984

Primary Diagnosis: 812.40 FRACTURE OF UNSPECIFIED PART OF LOWER END OF HUMERUS, CLOSED
Secondary Diagnosis: 824.8 UNSPECIFIED FRACTURE OF ANKLE, CLOSED

AUTHORIZATION INFORMATION

Effective Dates: 07/01/2004 through 01/14/2005

OTHER COVERAGE

Medi-Cal Managed Care: SANTA CLARA FAMILY HEALTH PLAN

CCS AUTHORIZED SERVICES

Service Code	Modifier	Service Description	Units	Amount
01		PHYSICIAN		

SPECIAL INSTRUCTIONS

Please refer to the Medi-Cal manual for billing instructions. Thank you for your continued participation in the California Children's Services Program.

Issued By: MCCARLEY, TRACI (SRO)   Date Authorized: 03/08/2005

> **Addresses Pertaining to Providers in the Authorize Cover Letter**
> - **Spanish** Letters/SAR forms will print automatically when the Language on Patient Registration indicates Spanish.
> - SARs with medical providers and hospitals will be generated with the service address of the provider. The address will automatically be inserted in the authorize cover letter.
> - SARS with SCC providers will be generated with the "Send Authorization" address of the SCC. The address will automatically be inserted into the authorize cover letter.

Medi-Cal Managed Care, Healthy Families and Commercial Insurance print on the SAR form when the plan is not end dated.

Note: Data is retrieved from CMS Net Medi-Coverage Screen, Healthy Families Coverage Screen and Insurance Screens.

16.9 Cover Letter for the Managed Care, Healthy Families and Insurance Provider(s) Selected in the Distribution List Box

When the user clicks the "Print Letters" on the Narrative Page after authorizing a Service Request, CMS Net Web will also generate a distribution cover letter for the managed care and insurance provider(s) selected in the distribution drop-down list.

California Children's Services
<County or Regional Office>
<County or Regional Office Address Line 1>
<County or Regional Office Address Line 2>
<County or Regional Office City, State Zip-Zip+4>

<Current-Date>

<Distribution-Name>	Re:	<Client-Name>
<Distribution-Address-Line-1>	CCS#:	<CCS-Number>
<Distribution-Address-Line-2>	DOB:	<Date-of-Birth>
<Distribution.City,State,Zip>	County:	<Legal-County>
	CIN#:	<CIN-Number>

Dear <Distribution-Name>:

California Children's Services is providing the attached authorization for the above referenced client.

Care coordination is critical in order for Children with Special Health Care Needs to receive timely and appropriate healthcare from CCS paneled/approved providers. Thank you for your continued healthcare coordination with the CCS program. If you have any questions, please call the <County/Regional Office> CCS office at <County/Region Phone Number>.

Sincerely,

California Children's Services

16.10 Family Cover Letter for Treatment and Vendored Therapy Services

When the user clicks the "Print Letters" on the Narrative Page after authorizing a Service Request, CMS Net Web will generate a family cover letter when the user selects "Family" in the distribution drop-down list.

This cover letter is generated when the user selects "Treatment" or "Vendored Therapy" in the Reporting Category field on the Authorize SAR page.

California Children's Services
<County or Regional Office>
<County or Regional Office Address Line 1>
<County or Regional Office Address Line 2>
<County or Regional Office City, State Zip-Zip+4>

<Current-Date>

<Parent Name>	Re:	<Client-Name>
<Client Primary Address Line 1>	CCS#:	<CCS-Number>
<Client Primary Address Line 2>	DOB:	<Date-of-Birth>
<Client Primary City, State, Zip-Zip+4>	County:	<Legal-County>
	CIN#:	<CIN-Number>

Authorization For Treatment Services

<Client-Name> has been authorized for services in the CCS program. Service Authorization 999999999999 is effective from <Service-Begin-Date> to <Service-End-Date> with the following Special Care Center (SCC), specialist, or provider:

| <Provider-Name> |
| <Provider.Address-Line-1> |
| < Provider.Address-Line-2> |
| <Provider.City,State,Zip> |

Please call the above provider at: <Provider-Phone><Provider-Phone_Ext> for appointments and follow-up treatment.

Remember to take this letter, your child's Beneficiary Identification Card (BIC), in addition to any other Health Plan cards to this appointment. Please inform the office of your child's CCS coverage and authorization for treatment.

This letter will need to be shown to <Provider-Name> and any other providers your child may be referred to in order to expedite your child's ability to receive additional medical services.

Please call the <County/Regional Office> CCS office at <County/Region Phone> if your child is referred to any other source for treatment. All authorizations must be made in advance by the CCS office.

Sincerely,

California Children's Services

16.11 Family Cover Letter for Diagnostic Services

When the user clicks the "Print Letters" on the Narrative Page after authorizing a Service Request, CMS Net Web will generate a family cover letter when the user selects "Family" in the distribution drop-down list.

This cover letter is generated when the user selects "Diagnostic" in the Reporting Category field on the Authorize SAR page.

California Children's Services
<County or Regional Office>
<County or Regional Office Address Line 1>
<County or Regional Office Address Line 2>
<County or Regional Office City, State Zip-Zip+4>

<Current-Date>

<Parent Name>	Re:	<Client-Name>
<Client Primary Address Line 1>	CCS#:	<CCS-Number>
<Client Primary Address Line 2>	DOB:	<Date-of-Birth>
<Client Primary City, State, Zip-Zip+4>	County:	<Legal-County>
	CIN#:	<CIN-Number>

Authorization For Diagnostic Evaluation

<Client-Name> has been authorized for services necessary to establish a CCS medically eligible condition. Service Authorization 9999999999 is effective from <Service-Begin-Date> to <Service-End-Date> with the following Special Care Center (SCC) or specialist:

<Provider-Name>
<Provider.Address-Line-1>
< Provider.Address-Line-2>
<Provider.City,State,Zip>

Please call the above SCC or specialist at: <Provider-Phone><Provider-Phone_Ext> to schedule your child's appointment.

Remember to take this letter, your child's Beneficiary Identification Card (BIC), in addition to any other Health Plan cards to this appointment. Please inform the office of your child's CCS coverage and authorization for diagnostic evaluation.

This letter will need to be shown to <Provider-Name> and any other providers your child may be referred to in order to expedite your child's ability to receive additional medical services.

Please call the <County/Regional Office> CCS office at <County/Region Phone> if your child is referred to any other source for evaluation. All authorizations must be made in advance by the CCS office.

Sincerely,

California Children's Services